

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Doug Jones for Senate Committee																																								
ADDRESS (number and street) PO Box 131025																																								
CITY Birmingham		STATE AL		ZIP CODE 35213-6025																																				
2. NAME OF CANDIDATE Jones, Doug, , ,		3. OFFICE SOUGHT (State and District) Senate AL		4. FEC IDENTIFICATION NUMBER C00640623																																				
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (A.K.A. EDWARDS PAC) </td> <td colspan="2"> Name of Employer </td> <td colspan="2"> Date (month, day, year) </td> <td colspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1 Edwards Way </td> <td colspan="2"> Transaction ID : VTQYMM2QHE7 </td> <td colspan="2"> 02/29/2020 </td> <td colspan="2"> 1000.00 </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92614-5688</td> <td colspan="2">Investor</td> <td colspan="4"></td> </tr> </table>					A. FULL NAME EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (A.K.A. EDWARDS PAC)			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS 1 Edwards Way			Transaction ID : VTQYMM2QHE7		02/29/2020		1000.00		CITY	STATE	ZIP CODE	Occupation						Irvine	CA	92614-5688	Investor					
A. FULL NAME EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (A.K.A. EDWARDS PAC)			Name of Employer		Date (month, day, year)		Amount																																	
MAILING ADDRESS 1 Edwards Way			Transaction ID : VTQYMM2QHE7		02/29/2020		1000.00																																	
CITY	STATE	ZIP CODE	Occupation																																					
Irvine	CA	92614-5688	Investor																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME Hannan, John, J, , </td> <td colspan="2"> Name of Employer Apollo Management </td> <td colspan="2"> Date (month, day, year) </td> <td colspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1133 5th Ave </td> <td colspan="2"> Transaction ID : VTQYMM2QBD7 </td> <td colspan="2"> 02/29/2020 </td> <td colspan="2"> 2000.00 </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10128-0123</td> <td colspan="2">Investor</td> <td colspan="4"></td> </tr> </table>					B. FULL NAME Hannan, John, J, ,			Name of Employer Apollo Management		Date (month, day, year)		Amount		MAILING ADDRESS 1133 5th Ave			Transaction ID : VTQYMM2QBD7		02/29/2020		2000.00		CITY	STATE	ZIP CODE	Occupation						New York	NY	10128-0123	Investor					
B. FULL NAME Hannan, John, J, ,			Name of Employer Apollo Management		Date (month, day, year)		Amount																																	
MAILING ADDRESS 1133 5th Ave			Transaction ID : VTQYMM2QBD7		02/29/2020		2000.00																																	
CITY	STATE	ZIP CODE	Occupation																																					
New York	NY	10128-0123	Investor																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME Lynton, Stephen, J, , </td> <td colspan="2"> Name of Employer Self Employed </td> <td colspan="2"> Date (month, day, year) </td> <td colspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 4207 37th St NW </td> <td colspan="2"> Transaction ID : VTQYMM2QHJ9 </td> <td colspan="2"> 02/29/2020 </td> <td colspan="2"> 2800.00 </td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20008-3132</td> <td colspan="2">Research Associate</td> <td colspan="4"></td> </tr> </table>					C. FULL NAME Lynton, Stephen, J, ,			Name of Employer Self Employed		Date (month, day, year)		Amount		MAILING ADDRESS 4207 37th St NW			Transaction ID : VTQYMM2QHJ9		02/29/2020		2800.00		CITY	STATE	ZIP CODE	Occupation						Washington	DC	20008-3132	Research Associate					
C. FULL NAME Lynton, Stephen, J, ,			Name of Employer Self Employed		Date (month, day, year)		Amount																																	
MAILING ADDRESS 4207 37th St NW			Transaction ID : VTQYMM2QHJ9		02/29/2020		2800.00																																	
CITY	STATE	ZIP CODE	Occupation																																					
Washington	DC	20008-3132	Research Associate																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td colspan="2"> Date (month, day, year) </td> <td colspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="2"></td> <td colspan="4"></td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS									CITY	STATE	ZIP CODE	Occupation														
D. FULL NAME			Name of Employer		Date (month, day, year)		Amount																																	
MAILING ADDRESS																																								
CITY	STATE	ZIP CODE	Occupation																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td colspan="2"> Date (month, day, year) </td> <td colspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="2"></td> <td colspan="4"></td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS									CITY	STATE	ZIP CODE	Occupation														
E. FULL NAME			Name of Employer		Date (month, day, year)		Amount																																	
MAILING ADDRESS																																								
CITY	STATE	ZIP CODE	Occupation																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> SIGNATURE (optional) Turner, James, Douglas, , Jr. </td> <td colspan="2"> DATE 03/02/2020 </td> <td colspan="2"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> <i>[Electronically Filed]</i> </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					SIGNATURE (optional) Turner, James, Douglas, , Jr.				DATE 03/02/2020		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		<i>[Electronically Filed]</i>																											
SIGNATURE (optional) Turner, James, Douglas, , Jr.				DATE 03/02/2020		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																		
<i>[Electronically Filed]</i>																																								

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)